

**HEARING AID DISPENSERS BUREAU**

1422 Howe Avenue, Suite 5, Sacramento, CA 95825-3204
Telephone: (916) 263-2288 Fax: (916) 263-2290



Consumer Complaint Form

Please Print or Type

Person Registering Complaint			
Name:			Home Telephone: ()
Address:	Number and Street		
City:	State	Zip Code	Date of Visit

Person Complaint Registered Against			
Name:			Home Telephone: ()
Address:	Number and Street		
City:	State	Zip Code	Date of Visit

Please Explain Your Complaint in Detail

(over)

Hearing Aid Complaint Form (cont'd)

1. Were you examined by a physician? _____ Was this physician an ear specialist? _____

Did you sign a waiver to avoid a doctor's examination? Yes ____ No ____ Date of exam _____

Right Ear

Left Ear

2. Hearing aid data: Make: _____
Model: _____
Serial #: _____

Date hearing aid(s) purchased* _____ Date hearing aid(s) received _____

***Attach copy of purchase agreement/receipt**

3. First complaint to hearing aid dispenser _____ (date)

Nature of complaint to hearing aid dispenser _____

4. Was hearing aid or ear mold adjusted? _____ Was new ear mold made? _____

Was hearing aid returned to factory? _____ When was hearing aid returned to you? _____

Did you receive credit for a trade-in or old aid? _____ If so, did the dispenser indicate his intended use of the hearing aid? _____

Under what conditions was the aid turned in? _____

5. Second complaint to hearing aid dispenser _____ (date)

6. Third complaint to hearing aid dispenser _____ (date)

I authorize the release of any information relating to my case from any hearing aid dispenser including the dispenser named in this complaint. I further agree that the Bureau and its representatives may release any and all of my records and treatment information to the Speech-Language Pathology & Audiology Board and/or any other governmental agency which requests such information as part of an investigation into other possible violations of California laws & regulations.

The above information is a true and correct statement regarding my hearing aid complaint.

(Signed)

(Date)